

JUL 25 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2008 OMB 0651-0031
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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/790,380
Filing Date	March 1, 2004
First Named Inventor	Black, Kevin Bruce
Art Unit	2638
Examiner Name	Tweel Jr., John Alexander

Attorney Docket Number

7654-3

Certificate

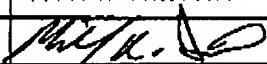
JUL 27 2006

of Correction

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Certificate of Correction, Certificate of Correction
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Michael K. Dixon		
Date	July 25, 2006	Reg No	46,665

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Michael K. Dixon	Date	July 25, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUL 28 2006

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T-997 P.02/06 F-281

JUL 25 2006

PTO/SB/17 (12-04)

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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818)		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10790,380
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 1, 2004
TOTAL AMOUNT OF PAYMENT (\$ 0.00)		First Named Inventor	Brock, Kevin Bruce
		Examiner Name	Tweed Jr., John Alexander
		Art Unit	2836
		Attorney Docket No	7694-3

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0951 Deposit Account Name: AKERMAN SENTERFITT				
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Small Entity Fee (\$)	Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			
HP = highest number of total claims paid for, if greater than 20				50	25

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other _____

Fee Paid (\$)

SUBMITTED BY			
Signature		Registration No. 46,665 (Attorney/Agent)	Telephone (561) 653-5000
Name (Print/Type)	Michael K. Dixon	Date July 25, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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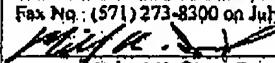
JUL 28 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT NO.: **7,068,176 B2** CONFIRMATION NO.: **2682** RECEIVED
ISSUE DATE: **June 27, 2006** CENTRAL FAX CENTER
SERIAL NO.: **10/790,380** JUL 25 2006
FILING DATE: **March 1, 2004**
APPLICANT: **Black, Kevin Bruce**
GROUP ART UNIT: **2636**
EXAMINER: **Tweel Jr., John Alexander**
ATTORNEY **7654-3**
DOCKET NO.:
CUSTOMER NO.: **30448**

FOR: **Smoke Detector with Sound Quality Enhancement Chamber**

Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate of Transmission I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office. Fax No. (571) 273-8300 on July 25, 2006.	
 Michael K. Dixon Reg. No. 46,665	
DATE: July 25, 2006	

REQUEST FOR CERTIFICATE OF CORRECTION

Sir:

On behalf of the Assignee of Record, the undersigned hereby requests that a Certificate of Correction pursuant to 37 C.F.R. § 1.322 be issued on the above-entitled patent. The corrections are indicated, in appropriate form, on attached Form PTO/SB/44, which is submitted in duplicate. The requested corrections relate to typographical errors

{WP321964:1}

U.S. Patent No 7,068,176 B2
REQUEST FOR CERTIFICATE OF CORRECTION

which were made by the U.S. Patent Office and do not constitute new matter or require reexamination.

For the foregoing reasons, it is respectfully requested that the Commissioner issue a Certificate of Correction making the aforementioned requested corrections. The Examiner is invited to call the undersigned if clarification is required.

No fees are believed due; however, the Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account No. 50-0951.

Respectfully submitted,


Michael K. Dixon
Reg. No. 46,665
AKERMAN SENTERFITT
222 Lakeview Avenue, Suite 400
West Palm Beach, Florida 33401-6183
Tel.: (561) 653-5000

PTO/SB/44 (04-04)

Approved for use through 04/30/2007 OMB 0651-0033

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

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(Also Form PTO-1050)**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

PATENT NO. 7,068,176 B2

DATED June 27, 2006

INVENTOR(S) Black et al.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In the claims.

Claim 18, column 6, line 39, replace "front" with --front--.

MAILING ADDRESS OF SENDER:

AKERMAN SENTERFITT
P.O. Box 3188
West Palm Beach, FL 33402-3188

PATENT NO 7,068,176 B2

No. of additional copies



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PTO/SB/44 (04-04)

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(Also Form PTO-1050)**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

PATENT NO. 7,068,176 B2

DATED June 27, 2006

INVENTOR(S) Black et al.

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In the claims:

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